Case 1:17-bk-12075 Doc 64 Filed 06/07/18 Entered 06/07/18 08:49:07 Desc Main Document Page 1 of 9

Fill in this information to identify your case:								
Martino M Wilson								
First Name	Middle Name	Last Name						
First Name	Middle Name	Last Name						
ankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO						
1:17-bk-12075								
	Martino M Wilson First Name First Name ankruptcy Court for the:	Martino M Wilson First Name Middle Name First Name Middle Name ankruptcy Court for the: SOUTHERN DISTRICT	Martino M Wilson First Name Middle Name Last Name First Name Middle Name Last Name ankruptcy Court for the: SOUTHERN DISTRICT OF OHIO					

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

info	as complete and accurate as possible. If two married people are filing together, both are equally responsible formation. Fill out all of your schedules first; then complete the information on this form. If you are filing amender original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
Par	t 1: Summarize Your Assets		
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	130,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	99,555.99
	1c. Copy line 63, Total of all property on Schedule A/B	\$	229,555.99
Par	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	121,472.27
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	9,086.09
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	34,531.35
	Your total liabilities	\$	165,089.71
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,765.07
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	1,893.00
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other scl	hedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal.	, family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this	box and s	ubmit this form to

the court with your other schedules.

Case 1:17-bk-12075 Doc 64 Filed 06/07/18 Entered 06/07/18 08:49:07 Desc Main Document Page 2 of 9

Debtor 1 Martino M Wilson Case number (if known) 1:17-bk-12075

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____5,704.08

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total o	claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	9,086.09
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	9,086.09

Case 1:17-bk-12075 Doc 64 Filed 06/07/18 Entered 06/07/18 08:49:07 Desc Main Document Page 3 of 9

	to the to Consequence	to the Officer									
	in this information btor 1	Martino M W									
	btor 2 buse, if filing)										
Uni	ited States Bankrup	ptcy Court for the	: SOUTHERN DISTRIC	T OF OHIO							
Ca	se number 1:	17-bk-12075					Che	ck if this is	:		
(If kı	nown)						1	An amende			
										g postpetition ollowing date:	
0	fficial Form	106 <u>l</u>						MM / DD/ Y		Ü	
S	chedule I:	Your Inc	ome				•	VII.VI 7 D D 7 1			12/15
atta	rt 1: Describ	eet to this form.	r spouse is not filing w On the top of any additi					umber (if	known). A	nswer every	
	information.						Debtor 2 or non-filing spouse ☐ Employed				
	If you have more attach a separate information abou	e page with	Employment status	■ Employed□ Not employed			☐ Not employed				
	employers.	it additional	Occupation	Welder							
	Include part-time self-employed we		Employer's name	National Weldir	ng, Inc.						
	Occupation may or homemaker, if		Employer's address	6709 Dryfork Ro Cleves, OH 450							
			How long employed t	here? 12 year	rs			_			
Pa	rt 2: Give De	etails About Mor	nthly Income								
	imate monthly incuse unless you are		ate you file this form. If	you have nothing to r	eport for	any	line, writ	e \$0 in the	space. Inc	clude your no	n-filing
•	ou or your non-filing e space, attach a s	•	ore than one employer, co	ombine the informatio	on for all	empl	oyers fo	r that perso	on on the li	nes below. If	you need
							For De	ebtor 1		btor 2 or ng spouse	
2.			ry, and commissions (b calculate what the monthl		2.	\$;	5,046.53	\$	N/A	
3.	Estimate and lis	st monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross	Income. Add lir	ne 2 + line 3.		4.	\$	5,0	46.53	\$	N/A	

Deb	otor 1	Martino M Wilson	_		Case	number (if known) .	1:17-k	ok-120)75	
					Fo	r Debtor 1			Debtor		
	Cop	y line 4 here	4.		\$	5,046.53	3	\$	iling s	pouse N/A	
5.	l ist	all payroll deductions:					_				_
0.	5a.	Tax, Medicare, and Social Security deductions	58	2	\$	1,067.47	,	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5l		\$-	0.00	_	\$ 		N/A	_
	5c.	Voluntary contributions for retirement plans	50		\$-	151.46		\$		N/A	_
	5d.	Required repayments of retirement fund loans	50		\$	0.00	_	\$		N/A	_
	5e.	Insurance	56	e.	\$	40.86	_	\$		N/A	_
	5f.	Domestic support obligations	5f	f.	\$	0.00	<u> </u>	\$		N/A	
	5g.	Union dues	50	g.	\$	0.00)	\$		N/A	-
	5h.	Other deductions. Specify: Uniform	5l	h.+	\$_	21.67	<u>-</u> +	+ \$		N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	1,281.46	<u>`</u>	\$		N/A	<u>.</u>
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	3,765.07	<u></u>	\$		N/A	<u>. </u>
8.	8b. 8c. 8d. 8e. 8f.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive	81 : 80 80	c. d.	\$	0.00 0.00 0.00 0.00 0.00	<u>)</u>)	\$ \$ \$		N/A N/A N/A N/A	
	8g.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	e 8f 8g		\$_ \$	0.00	_	\$		N/A N/A	_
	8h.	Other monthly income. Specify:		h.+	\$	0.00	_	۰\$		N/A	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	. [\$	0.00)	\$		N/	A
10	Calc	culate monthly income. Add line 7 + line 9.	10.	\$		3,765.07 +	\$		N/A	= \$	3,765.07
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		_		0,100.01	* —		- 14/7	, Ľ-	0,1 00.01
11.	Inclu othe Do r	e all other regular contributions to the expenses that you list in Schedule adde contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	dep						chedule 11.		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaies							12.	\$	3,765.07
13.	Do :	you expect an increase or decrease within the year after you file this form No.	1?							Combi month	ned ly income
		Vec Evolain:					_				

Fill	in this information	on to identify yo	our case:					
Deb	tor 2	Martino M W	ilson			Che ■		ng nowing postpetition chapter of the following date:
	ouse, if filing)		0011711	EDM DIOTDIOT OF OUR				
Unit	ed States Bankrup	otcy Court for the	SOUTH	ERN DISTRICT OF OHI	0		MM / DD / YYYY	
	e number 1:17	7-bk-12075						
	fficial For							
Be info		nd accurate as re space is ne	possible. eded, atta	If two married people a ch another sheet to this				
Par 1.	t 1: Describ	e Your House case?	hold					
•	■ No. Go to li □ Yes. Does □ No	ne 2. Debtor 2 live i	·	ate household? al Form 106J-2, <i>Expense</i>	es for Separate House	ehold of De	btor 2.	
2.	Do you have	dependents?	■ No					
	Do not list Deb Debtor 2. Do not state the dependents not	otor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you? No Yes No Yes No Yes No Yes
3.		nses include people other tl your depende	han $_{\square}$	No Yes				Yes
exp	imate your exp		our bankrı	uptcy filing date unless				hapter 13 case to report of the form and fill in the
the		assistance and		government assistance luded it on <i>Schedule I:</i>			Your ex	kpenses
4.		home owners any rent for the		ses for your residence. r lot.	Include first mortgage	e 4.	\$	0.00
	If not include	d in line 4:						
	4b. Property	tate taxes y, homeowner's				4a. 4b.	\$	0.00 0.00
		naintenance, re wner's associat		ipkeep expenses dominium dues		4c. 4d.	·	0.00
5.				our residence, such as h	ome equity loans	5.		0.00

Debtor 1	Martino M Wilson	Case number (if known)	1:17-bk-12075
S. Utili	ties:		
6a.	Electricity, heat, natural gas	6a. \$	250.00
6b.	Water, sewer, garbage collection	6b. \$	153.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. \$	455.00
6d.	Other. Specify:	6d. \$	0.00
	d and housekeeping supplies	7. \$	425.00
	dcare and children's education costs	8. \$	0.00
	hing, laundry, and dry cleaning	9. \$	30.00
	onal care products and services	10. \$	30.00
	ical and dental expenses	11. \$	50.00
	sportation. Include gas, maintenance, bus or train fare.	Π. Ψ	30.00
	ot include car payments.	12. \$	262.00
	rtainment, clubs, recreation, newspapers, magazines, and books	13. \$	58.00
	ritable contributions and religious donations	14. \$	0.00
. Insu	•	· Ψ	0.00
	ot include insurance deducted from your pay or included in lines 4 or 20.		
	Life insurance	15a. \$	0.00
15b.	Health insurance	15b. \$	0.00
15c.	Vehicle insurance	15c. \$	180.00
	Other insurance. Specify:	15d. \$	0.00
	es. Do not include taxes deducted from your pay or included in lines 4 or 20.	10u.	0.00
Spec		16. \$	0.00
7. Insta	allment or lease payments:		
17a.	Car payments for Vehicle 1	17a. \$	0.00
17b.	Car payments for Vehicle 2	17b. \$	0.00
17c.	Other. Specify:	17c. \$	0.00
17d.	Other. Specify:	17d. \$	0.00
	payments of alimony, maintenance, and support that you did not report as	40 0	0.00
	ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$	
	er payments you make to support others who do not live with you.	\$ 	0.00
Spec	तापुर. er real property expenses not included in lines 4 or 5 of this form or on <i>Sch</i> e		
	Mortgages on other property	20a. \$	0.00
	Real estate taxes	20b. \$	0.00
	Property, homeowner's, or renter's insurance	20c. \$	
	· ·	20d. \$	0.00
	Maintenance, repair, and upkeep expenses	· —	0.00
	Homeowner's association or condominium dues	20e. \$	0.00
. Othe	Pr: Specify:	21. +\$	0.00
. Calc	ulate your monthly expenses		
22a.	Add lines 4 through 21.	\$	1,893.00
22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	<u> </u>
22c	Add line 22a and 22b. The result is your monthly expenses.	\$	1,893.00
			1,000.00
	ulate your monthly net income.		
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	3,765.07
23b.	Copy your monthly expenses from line 22c above.	23b\$	1,893.00
			<u> </u>
23c.	Subtract your monthly expenses from your monthly income.	23c. \$	1,872.07
	The result is your monthly net income.	23 υ. Ψ	1,072.07
4 Do v	ou expect an increase or decrease in your expenses within the year after yo	ou file this form?	
	xample, do you expect to finish paying for your car loan within the year or do you expect you		crease or decrease because o
	ication to the terms of your mortgage?	.5.5.1 EyE	
■ N	0.		
ПΥ			

Case 1:17-bk-12075 Doc 64 Filed 06/07/18 Entered 06/07/18 08:49:07 Desc Mair Document Page 7 of 9

United States Bankruptcy Court Southern District of Ohio

In re	Martino M Wilson	Case No.	1:17-bk-12075	
		Debtor(s)	Chapter	13

AMENDMENT COVER SHEET

Amendment(s) to the following petition, list(s), schedule(s) or statement(s) are transmitted herewith: AMEND SCHEDULE I to update income AMEND SCHEDULE J to update expenses

NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Pursuant to Federal Rule of Bankruptcy Procedure 1009(a), I certify that notice of the filing of the amendment(s) listed above has been given this date to any and all entities affected by the amendment as follows:

I hereby certify that a copy of the foregoing Amendedment was served (i) **electronically** on the date of filing through the court's ECF System on all ECF participants registered in this case at the email address registered with the court and (ii) by **ordinary U.S. Mail** this 7th day of June, 2018.

Wells Fargo Bank, N.A.

1 Home Campus
Des Moines, IA 50328
TD Bank USA, N.A.
C O WEINSTEIN & RILEY, PS
2001 WESTERN AVENUE, STE 400
SEATTLE, WA 98121

City of Cincinnati Income Tax Division 805 Central Avenue Suite 600 Cincinnati 45202

Quantum3 Group LLC as agent for Sterling Jewelers Inc PO Box 788 Kirkland, WA 98083-0788

Quantum3 Group LLC as agent for Aqua Finance PO Box 788 Kirkland, WA 98083-0788

Wells Fargo Bank, N.A. Wells Fargo Card Services Case 1:17-bk-12075 Doc 64 Filed 06/07/18 Entered 06/07/18 08:49:07 Desc Main Document Page 8 of 9

PO Box 10438, MAC F8235-02F Des Moines, IA 50306-0438

Portfolio Recovery Associates, LLC POB 41067 Norfolk VA 23541

Premier Bankcard, Llc Jefferson Capital Systems LLC Assignee Po Box 7999 Saint Cloud Mn 56302-9617

Quantum3 Group LLC as agent for MOMA Funding LLC PO Box 788 Kirkland, WA 98083-0788

U.S. Bank National Association Bankruptcy Department PO Box 108 St. Louis MO 63166-0108

MIDLAND FUNDING LLC PO BOX 2011 WARREN, MI 48090

Comenity Capital Bank/Paypal Credit c/o Weinstein & Riley, PS 2001 Western Ave., Ste 400 Seattle, WA 98121

Cavalry Spv I, LLC Bass & Associates, P.C. 3936 E. Ft. Lowell Road, Suite #200 Tucson, AZ 85712

Wells Fargo Bank, N.A. Default Document Processing MAC# N9286-01Y 1000 Blue Gentian Road Eagan, MN 55121-7700

Matthew Murtland Shapiro, Van Ess, Phillips & Barragate 4805 Montgomery Road, Suite 320 Cincinnati, OH 45212

Date: June 7, 2018 /s/ Shawn R. Ryan

Case 1:17-bk-12075 Doc 64 Filed 06/07/18 Entered 06/07/18 08:49:07 Desc Main Document Page 9 of 9

Shawn R. Ryan
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bk_cincinnati@amourgis.com